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Initials:



GRANT AWARD APPROVAL FORM

SEP 08 2004

CHIEF ACADEMIC OFFICER

1. Official Name of Grant Program:		Date of SBE approval of grant criteria 11/5/98	
2004 - 2005 (years)	State Improvement Grant (SIG) (title)	<input type="checkbox"/> Initial (type)	<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation
Legislation Authorizing this Grant Program: P.L. 105-17 Individuals with Disabilities Education Act (IDEA)			
<input checked="" type="checkbox"/> Federal Grant CFDA Number 84.323A		<input type="checkbox"/> State Grant	<input type="checkbox"/> Other (Private, Foundation)
2. Type and Purpose of Grant Program: (check one) The purpose of the SIG is to improve student performance through personnel development by addressing the key elements of learning and skill building for educators and other practitioners involved with the education of students with disabilities. The SIG systemically coordinates the flow of information from its initial development, through awareness and dissemination activities, to sustained learning in strategies to improve student performance, and implementation of strategies to support local capacity building.		<input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other (specify)	
3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)			
<u>Priorities</u>		<u>Policies</u>	
<input checked="" type="checkbox"/> Integrating Communities and Schools		<input checked="" type="checkbox"/> Bullying	
<input checked="" type="checkbox"/> Elevating Educational Leadership		<input type="checkbox"/> Character Education	
<input checked="" type="checkbox"/> Embracing the Information Age		<input checked="" type="checkbox"/> Creating Effective Learning Environments	
<input type="checkbox"/> Ensuring Early Childhood Literacy		<input checked="" type="checkbox"/> Family Involvement	
<input checked="" type="checkbox"/> Ensuring Excellent Educators		<input type="checkbox"/> Safe Schools	
<input type="checkbox"/> Other (specify)			
4. Grant Categories (If not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE			
5. Target Population to be Served by Grant: The primary population is students with disabilities and those who are involved in their education.			
6. Total Funds Awarded:			
Previous Award \$636,200	Additional Award \$119,152	Total Grant Award \$755,352	
8. Description of Priorities Given to Any Specific Population or Location: <input type="checkbox"/> NOT APPLICABLE The primary population is students with disabilities and those who are involved in their education.			
9. Grant Administration:			
Office Office of Special Education and Early Intervention Services	Unit Finance Management Unit	Contact John Andrejack	Phone 241-4386

10373 825

<b>10. OFFICE</b> Office Director Approval Signature: Phone: <u>5-0455</u> Comments:	 _____	Date: <u>8-24-04</u>
<b>11. BUDGET OFFICE</b> Budget Office Approval Signature: Comments:	<u>N/A</u> _____	Date: _____
<b>12. GRANTS OFFICE</b> Grants Office Approval Signature: Comments:	 _____	Date: <u>8/30/04</u>
<i>Exhibits B and C are not required.</i>		
<b>13. DEPUTY SUPERINTENDENT</b> Deputy Superintendent Approval Signature: Comments:	 _____	Date: <u>9-10-04</u>
<b>14. SUPERINTENDENT</b> Superintendent Approval Signature: Comments:	 _____	Date: <u>9-15-04</u>

### INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.  
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.  
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.  
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

2004-2005 State Improvement Grant (SIG)  
Under Individuals with Disabilities Education Act

**Michigan's State Improvement Grant (SIG)**

Recipient

Marquette-Alger Regional Educational Service Agency  
(MARESA)

<u>Previous Award</u>	<u>Additional Award</u>	<u>Total Award</u>
\$636,200	\$119,152	\$755,352

Purpose

Additional funds are being awarded to the Marquette-Alger Regional Educational Service Agency, to allow the continuation of ongoing state improvement activities through January 31, 2005. Also, this allows the Office of Special Education and Early Intervention Services to fully utilize the year four State Improvement Grant fund balance of \$119,152, prior to its expiration on January 31, 2005.